



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

CAMP HAZEN YMCA

204 West Main St, Chester, CT 06412
 Tel: (860) 526-9529 Fax: (860)526-9520

HEALTH HISTORY AND EMERGENCY TREATMENT AUTHORIZATION

Family Name: _____ Phone: _____
 Address: _____
 E-Mail Address: _____
 Medical Insurance Policy No.: _____
 Insurance Company: _____
 Name of Insured: _____

In case of emergency while we are at Camp Hazen YMCA, please contact:

Name: _____ Phone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Relationship to Family: _____

NAMES:
D.O.B					
Are you a vegetarian?	Y / N	Y / N	Y / N	Y / N	Y / N
Any pre-existing injuries (ankles, knees, back, etc) that might be aggravated by this event?	Y / N	Y / N	Y / N	Y / N	Y / N
Taking any current medications?	Y / N	Y / N	Y / N	Y / N	Y / N
Any heart problems or heart medication?	Y / N	Y / N	Y / N	Y / N	Y / N
Do you have high blood pressure?	Y / N	Y / N	Y / N	Y / N	Y / N
Do you have any allergies (food, bees, insects), reactions to medications or physical limitations?	Y / N	Y / N	Y / N	Y / N	Y / N

Please indicate any health history/problems you feel the Camp Hazen YMCA staff should be aware of:

I hereby grant Camp Hazen YMCA and its agents full authority to take whatever action they deem necessary regarding my health in the case of an emergency where I am not able to make the decision. I fully release Camp Hazen YMCA and its agents from any liability in connection with those decisions. I grant permission for emergency treatment by a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in my best interest

Participant Signature*: _____ Date: _____ Participant Signature*: _____ Date: _____

Participant Signature*: _____ Date: _____ Participant Signature*: _____ Date: _____

Participant Signature*: _____ Date: _____

**If any participant is under the age of 18, their parent or guardian must also sign below*

Signature of Parent/Guardian: _____ Date: _____



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INFORMED CONSENT/LIABILITY RELEASE

• I am aware and understand that participating in activities while at Camp Hazen, including the Alpine Tower, High Ropes Course, Climbing Wall, Low Ropes Course, skate boarding, in-line skating, mountain biking, water sports, field sports, aerobics and kickboxing involve a potential risk of physical injury. I also am aware and understand that all of the program activities are strictly voluntary and it is my choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities and medical condition.

• I agree that I am solely responsible for my own participation and for my own physical and emotional well-being. I will not be under the influence of any chemical substance, including alcohol, while participating. The health history presented to the camp is correct to the best of my knowledge.

• I willingly, and knowingly assume for myself, my heirs, family members, executors, administrators, and assume all risk of physical injury and emotional upset which may occur during or after participating in any aspect of the program and to hold the YMCA, its employees, its instructors, facilitators and agents harmless for any liability arising out of my participation in the program. Should the YMCA or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify (to shift the responsibility for payment of damages to someone else) and hold the YMCA harmless for all such fees and costs. This release does not, however, apply to any physical injury or emotional harm caused by negligence or willful misconduct of the YMCA, its employees, its instructors, facilitators, and agents.

• I authorize the YMCA to have and use photographs, slides and videotapes of the person named above as needed for its records and public relations programs.

• I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Participant Signature*: _____ Date: _____ Participant Signature*: _____ Date: _____

Participant Signature*: _____ Date: _____ Participant Signature*: _____ Date: _____

Participant Signature*: _____ Date: _____

**If any participant is under the age of 18, their parent or guardian must also sign below*

Signature of Parent/Guardian: _____ Date: _____

Camp Hazen YMCA – Group Camping Informed Consent

Health Screening

All participants will be required to take part in a health screening upon arrival.

A) Temperature check – must be less than 100°F

B) Answer 'No' to the following questions:

1. Have there been any changes to your health status since you completed the Group Camping Waiver and Informed Consent Form?
2. Has your family traveled to a country that the CDC has issued a Level 2 or 3 travel designation, or to a state listed on the CT travel advisory, in the last 14 days?
3. Have you had contact with anyone under investigation for COVID-19 in the last 14 days, or with anyone known to have COVID-19?
4. Do you have any symptoms of a respiratory infection (e.g. cough, sore throat, fever, or shortness of breath)?
5. Have you had a fever in the past 72 hours?
6. Have you answered yes to questions 4 & 5, or tested positive for COVID-19 in the past 14 days?

Masks

All participants and staff are required to wear a face covering, while inside any building (except sleeping area) or outside when 6 feet social distance cannot be maintained.

Social Distancing

During unstructured program time you are encouraged to maintain a minimum of 6ft between yourself and others.

Contact Tracing

In the event that there is a case of COVID-19 with a participant or staff member, you are recommended to keep track of individuals that you have been within 6ft of for greater than 15 minutes. Camp Hazen YMCA will provide contact information for all participants and staff members to the CT Dept of Health if required.

Informed Consent:

I hereby attest that I have been informed of the following pertaining to the coronavirus:

- People who are 65 years and older and people of any age who have serious underlying medical conditions or are at higher risk for severe illness from COVID-19 are recommended to stay at home. A list of medical conditions associated with a higher risk for severe illness from COVID-19 can be found in [CDC's guidance](#). Individuals and families should consult their healthcare provider to determine whether they have medical conditions that place them at risk.
- Staff and children living in households with individuals who are 65 years and older OR have higher risk for severe illness from COVID-19 are recommended to stay home.

Signature:

Date: